Docket No.: 118389

## APPLICATION FOR UNITED STATES PATENT DECLARATION AND POWER OF ATTORNEY

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name; that

I verily believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural inventors are named below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

		INING ELECTRODE	med and for which a patent is soug	nt on the invention entitled:
described and cla	imed in the specif	fication:		
Check one	•			
	attached heret			
ъ. [	filed on	as Application No and amende	d on (if applicable).	
I hereb	-	ve reviewed and understand the content ed to above.	s of the above-identified specificati	on, including the claims, as
I ackno Code of Federal I		to disclose to the Office all information & 6.	known to me to be material to patent	ability as defined in Title 37,
		ode §119, the priority benefits of the foregal representatives or assigns within or		
	Jap	panese Patent Application No. JP2003-	-046248 filed February 24, 2003	
States of Americ	a either (a) more	on(s) for patent or inventor's certificate than one year prior to this application, provisional application(s):	on this invention were filed in cor or (b) before the filing date of the a	untries foreign to the United above-named foreign priority
		ollowing as my attorneys of record witness in the Patent Office:	th full power of substitution and	revocation to prosecute this
	Ki Ed Mai Chr	ames A. Oliff, Reg. No. 27,075; Willian irk M. Hudson, Reg. No. 27,562; Thon Iward P. Walker, Reg. No. 31,450; Ro rio A. Costantino, Reg. No. 33,565; Jo istopher W. Brown, Reg. No. 38,025; I Paul Tsou, Reg. No. 37,956; and Eric D	nas J. Pardini, Reg. No. 30,411; bert A. Miller, Reg. No. 32,771; el S. Armstrong, Reg. No. 36,430; Richard E. Rice, Reg. No. 31,560;	
ALL CORRES	PONDENCE IN 19928, ALEXA	CONNECTION WITH THIS APPL NDRIA, VIRGINIA 22320, TELEPH	ICATION SHOULD BE SENT TO ONE (703) 836-6400.	TO OLIFF & BERRIDGE,
own knowledge were made with	are true and that the knowledge the Title 18 of the U	nave reviewed and understand the content all statements made on information and that willful false statements and the like nited States Code and that such willful	d belief are believed to be true; and so made are punishable by fine or i	further that these statements mprisonment, or both, under
Typewritten	Full Name			
of First or S	ole Inventor	Sotomitsu		HARA
		Given Name	Middle Initial	Family Name HARA
**Inventor's Signature:  **Date of Signature:		<u>Sotomitau</u> <u>Februaru</u>	10	2004
				Year
Residence:		Month Tsukuba	Day	JAPAN
		City	State or Province	Country
Citizenship:	Japan	City	State of Frovince	- Country
	Post Office A		•	
	(Insert comp			
	mailing addr	ess,		

including country)

Kamiyokoba 430-1, Tsukuba, Ibaraki 305-0854, Japan

<sup>\*</sup>If Box (a.) is checked, this form may be executed only when attached to the specification (including claims).

<sup>\*\*</sup>Note to Inventor: Please sign name exactly as it appears above and insert actual date of signing.

## PAGE 2 OF U.S.A. DECLARATION FORM (Discard this page in a sole inventor application)

1 Typewritten Full Name of Second Joint Inventor (if any)		Shinichirou YANAKA			
,			Given Name	Middle Initial	<b>Λ</b> ト Λ Family Name
2	**Inventor's Signa				AKA Family Name
3	**Date of Signatur	re:	Februa)		2004
			Month	Day	Year
	Residence:	Tsuku			Japan
		City		State or Province	Country
	• -	Japan			
	Post Office Add (Insert complete mailing address,		c/o Mitutoyo Corpora	tion	
		ncluding country)	Kamiyokoba 430-1, T	Sukuba, Ibaraki 305-0854, Japan	
1	Typewritten Full	Name			
	Third Joint Inventor (				
			Given Name	Middle Initial	Family Name
2	**Inventor's Signa				
3	**Date of Signatu	re:			
			Month	Day	Year
	Residence:				
	_	City		State or Province	Country
	Citizenship:	,			
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		ost Office Address: Insert complete			
		nailing address,			
		ncluding country)			
1	Typewritten Full	Name			
	Fourth Joint Inventor				- <u>-</u>
			Given Name	Middle Initial	Family Name
2	**Inventor's Sign				
3	**Date of Signatu	ıre:			
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	Citizenship:	·			
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1	Typewritten Full			~	
-	Fifth Joint Inventor (				
•	,	<u> </u>	Given Name	Middle Initial	Family Name
2	**Inventor's Sign				
3	**Date of Signatu	ure:			
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	Citizenship:	·			
	-	Post Office Address:			
		(Insert complete			
		mailing address,			
		including country)			

Note to Inventors: Please sign name exactly as it appears and insert the actual date of signing.

This form may be executed only when attached to the first page of the Declaration and Power of Attorney form of the application to which it pertains.